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T-626 P.001

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

17

Application Number

10/809,189

Filing Date

March 25, 2004

First Named Inventor

Michael Mittman, et al

Art Unit

1638

Examiner Name

Unknown

Attorney Docket Number

3101.2

ENCLOSURES (check all that apply)☒ Fee Transmittal Form☐ Fee Attached☒ Preliminary Amendment (4 pgs.)☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure
Statement☐ Certified Copy of Priority
Document(s)☒ Reply to Missing Parts/
Incomplete Application☒ Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD

Remarks

☐ After Allowance Communication to TC☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s)
(please identify below):- Copy of Notice of
Missing Parts (2 pgs.); and

- Copy of Executed Declaration (9 pgs)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm

Affymetrix, Inc.

Signature

Printed Name

Sandra E. Wells

Date

November 9, 2004

Reg. No.

52,349

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

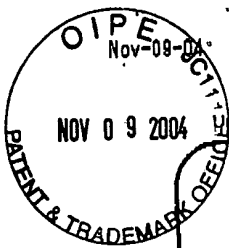
Pamela Leong

Date

November 9, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **920**

Complete if Known

Application Number	10/809,189
Filing Date	March 25, 2004
First Named Inventor	Michael Mittman, et al.
Examiner Name	Unknown
Art Unit	1638
Attorney Docket No.	3101.2

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order

☒ Deposit Account

Deposit Account Number: 01-0431

Deposit Account Name: Affymetrix, Inc.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	790	Utility filing fee	790
		1002	350	Design filing fee	
		1003	550	Plant filing fee	
		1004	790	Reissue filing fee	
		1005	160	Provisional filing fee	
SUBTOTAL (1)					(\$ 790)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims: 3 -20 = 0 X 18 = 0

Independent Claims: 3 -3 = 0 X 88 = 0

Multiple Dependent: X = 0

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1202	18	Claims in excess of 20	
		1201	88	Independent claims in excess of 3	
		1203	300	Multiple dependent claims, if not paid	
		1204	88	Reissue independent claims over original patent	
		1205	18	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$ 0)

Other fee (specify):

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 130)

SUBMITTED BY

Name (Print/Type)	Sandra E. Wells	Registration No. (Attorney/Agent)	52,349	Telephone	408-731-5000
Signature	Sandra E. Wells				
Date	November 9, 2004				

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